

2004 Clean Watersheds Needs Survey
State Water Resources Control Board - Division of Financial Assistance
Small Community Wastewater Treatment Facilities

PLEASE COMPLETE THIS SURVEY FORM TO THE BEST DEGREE POSSIBLE. IF YOU DO NOT KNOW THE ANSWER, YOU MAY ESTIMATE OR LEAVE IT BLANK. WE NEED THE SIGNED SURVEY RETURNED TO US PROMPTLY.

Authority Name: _____

Authority Address: _____ RWQCB Region: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Facility Name: _____ Interim Facility ☐

Facility Location Address (if different): _____

Latitude: _____ ° ' " Longitude: _____ ° ' " Datum: _____ Description: _____

Outfall Latitude: _____ ° ' " Longitude: _____ ° ' " Datum: _____

Congressional District #: _____ Watershed Name: _____ Watershed Number: _____

NPDES Permit # (if applicable): _____ NPDES Type: _____ WDR Order # (if applicable): _____

Discharge Method: _____

Resident Population (Total must be <3,500):	Present Population	Population Source	Year of Source
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- Receiving Collection	_____	_____	_____
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- Individual Sewage Disposal System (ISDS)	_____	_____	_____
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- Not Receiving Collection and no ISDS	_____	_____	_____
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Project Description: Please give a brief project description of the work being proposed in the following categories (include appropriate information with units, such as linear feet of sewer, pump capacity, volume of flow, type of disposal, etc.)

Individual/Decentralized Sewage Disposal Systems: _____

Wastewater Treatment (including sludge handling/disposal): _____

Infiltration/Inflow Correction: _____

Sewer Rehab/Replacement: _____

New Collector/Interceptor Sewer: _____

Reason: ☐ Public Health ☐ Water Quality

Project Benefit: _____

Project Costs:	Project Item	Associated Cost
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Flow (in million gallons per day)	Existing Flow	Present Design	Future Design
Average Annual Municipal Flow (mgd):	_____	_____	_____
Average Annual Infiltration/Inflow (mgd):	_____	_____	_____
Capacity Peak (Daily) Wet Weather (mgd):	_____	_____	_____

Supplemental Information: Please attach supporting information to the survey that documents needs. For example, for unsewered communities, any of the following types of information could be submitted (the more the better): signed statement from the Department of Health Services or the Regional Water Quality Control Board on health hazards and/or documentation of septic tank failure, water quality problem, and/or violations of water quality standards.

As a local official, I hereby certify that the community has water quality project needs as described in this survey.

Name

Date

Signature

Title

Please have an Engineer sign.

As an Engineer, I hereby certify that to the best of my knowledge the cost of the community's water quality project needs as described in this survey are accurate estimates of the most effective solution to the problem.

Name

Date

Signature

Title

If you have any questions, please contact:

Jeffrey Albrecht
(916) 341-5717
albrechj@swrcb.ca.gov
<http://www.swrcb.ca.gov/funding/2004CWNS/index.html>

Return completed survey form and supporting documentation to:

State Water Resources Control Board
Division of Financial Assistance – 2004 CWNS
P.O. Box 944212
Sacramento, CA 94244-2120